



Certificate of Need Program

NEW OR ADDITIONAL LONG TERM CARE BED APPLICATION*

Applicant's Completeness Checklist and Table of Contents

Project Name _____ No. _____

Project Description _____

Done Page N/A Description of CON Rulebook Contents

Divider I. Application Summary:

- ☐ _____ ☐ 1. Applicant Identification and Certification (Form MO 580-1861).
- ☐ _____ ☐ 2. Representative Registration (Form MO 580-1869).
- ☐ _____ ☐ 3. Proposed Project Budget (Form MO 580-1863) and detail sheet.

Divider II. Proposal Description:

- ☐ _____ ☐ 1. Provide a complete detailed project description.
- ☐ _____ ☐ 2. Provide a legible city or county map showing the exact location of the proposed facility.
- ☐ _____ ☐ 3. Provide a site plan for the proposed project.
- ☐ _____ ☐ 4. Provide preliminary schematic drawings for the proposed project.
- ☐ _____ ☐ 5. Provide evidence that architectural plans have been submitted to the DHSS.
- ☐ _____ ☐ 6. Provide the proposed gross square footage.
- ☐ _____ ☐ 7. Document ownership of the project site, or provide an option to purchase.
- ☐ _____ ☐ 8. Define the community to be served.
- ☐ _____ ☐ 9. Provide 2010 Population projections for the 15-mile radius service area.
- ☐ _____ ☐ 10. Identify specific community problems or unmet needs the proposal would address.
- ☐ _____ ☐ 11. Provide historical utilization for each of the past three years and utilization projections through the first three years of operation of the new LTC beds.
- ☐ _____ ☐ 12. Provide the methods and assumptions used to project utilization.
- ☐ _____ ☐ 13. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
- ☐ _____ ☐ 14. Provide copies of any petitions, letters of support or opposition received.

Divider III. Service Specific Criteria and Standards:

- ☐ _____ ☐ 1. For ICF/SNF beds, address the population-based bed need methodology of fifty-three (53) beds per one thousand (1,000) population age sixty-five (65) and older.
- ☐ _____ ☐ 2. For RCF/ALF beds, address the population-based bed need methodology of sixteen (16) beds per one thousand (1,000) population age sixty-five (65) and older.
- ☐ _____ ☐ 3. Document any alternate need methodology used to determine the need for additional beds such as LTCH, Alzheimer's, mental health or other specialty beds.
- ☐ _____ ☐ 4. For any proposed facility which is designed and operated exclusively for persons with acquired human immunodeficiency syndrome (AIDS) provide information to justify the need for the type of beds being proposed.

Divider IV. Financial Feasibility Review Criteria & Standards:

- ☐ _____ ☐ 1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data"
- ☐ _____ ☐ 2. Document that sufficient financing is available by providing a letter from a financial institution or an auditors statement indicating that sufficient funds are available.
- ☐ _____ ☐ 3. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) years beyond project completion.
- ☐ _____ ☐ 4. Provide Detailed Institutional Cash Flows (Form MO 580-1866) projected through three (3) years beyond project completion.
- ☐ _____ ☐ 5. Document how patient charges were derived.
- ☐ _____ ☐ 6. Document responsiveness to the needs of the medically indigent.

** Use for RCF/ALF, ICF/SNF and LTCH beds*